

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
Title:: SYSTEMS AND METHODS FOR VERIFYING  
MEDICAL INSURANCE COVERAGE  
Attorney Docket Number:: 020375-032410US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 3  
Small Entity?:: No  
Petition included?:: No  
Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Charles  
Family Name:: Whitaker  
City of Residence:: Omaha  
State or Province of Residence:: NE  
Country of Residence:: US  
Street of Mailing Address:: 5104 N. 139th Street  
City of Mailing Address:: Omaha  
State or Province of mailing address:: NE

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 68164

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Bradley  
Family Name:: Winking  
City of Residence:: Omaha  
State or Province of Residence:: NE  
Country of Residence:: US  
Street of Mailing Address:: 13973 Ames Avenue  
City of Mailing Address:: Omaha  
State or Province of mailing address:: NE  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 68164

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Scott  
Family Name:: Dunn  
City of Residence:: Omaha  
State or Province of Residence:: NE  
Country of Residence:: US  
Street of Mailing Address:: 6521 S. 178th Street  
City of Mailing Address:: Omaha  
State or Province of mailing address:: NE  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 68135

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jim  
Family Name:: Jackson  
City of Residence:: Tamarac  
State or Province of Residence:: FL  
Country of Residence:: US  
Street of Mailing Address:: 9420 Northwest 82nd  
City of Mailing Address:: Tamarac  
State or Province of mailing address:: FL  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 33321

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/417,205	10/08/02

### **Foreign Priority Information**

Country::	Application number::	Filing Date::
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### **Assignee Information**

Assignee Name:: First Data Corporation  
Street of mailing address:: 12500 East Belford Avenue  
City of mailing address:: Englewood  
State or Province of mailing address:: CO  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 80112